



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 10/5/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Fusion (arthrodesis) of right thumb interphalangeal joint

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Plastic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The patient is a male who sustained a fall on xx/xx/xx. The patient was seen and evaluated with a 3-cm laceration to the volar surface of the right thumb along with x-ray documentation of an interphalangeal joint dorsal dislocation. He was reduced with traction and the laceration closed and he was referred to an orthopedic surgeon.

The patient had seen multiple hand surgeries and has completed physical therapy x12 sessions, occupational therapy x8 sessions, subsequently successfully completed a right thumb dorsal capsulotomy on 02/09/2015. He completed occupational therapy x24 sessions postoperatively.

Throughout his injury and recovery, the patient has a continued complaint of pain to the right thumb, specifically the interphalangeal joint and now at the MCP and CMC joints. He has attempted oral opioids, home exercises, physical therapy, occupational therapy, multiple "steroid injections" at time and reassurance without relief and this has been since his date of injury and since his date of surgery 02/09/2015.

Clinical documentation as well as physical examination with physical therapy has revealed 8/10 pain with manipulation of the interphalangeal joint to the right thumb. Range of motion is approximately 10 to 20 degrees. Metacarpophalangeal joint motion is 0 to 30 degrees. He



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continues to complain of tenderness of the MCP joint as well as IP joint. X-rays to the right thumb shows slight degenerative changes at the thumb interphalangeal joints as well as metacarpophalangeal joints. This case has been reviewed by an orthopedic surgeon who did discuss with another physician, who offered no additional clinical information on 08/04/2015.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

IP joint fusion is necessary and arthrodesis (fusion) provides a pain free stable joint, but does sacrifice motion. Unfortunately for the patient, there are no other cervical procedures that would alleviate his pain and believe the 6-month criteria for arthrodesis has been met by reviewing the medical records as well as the time from his injury as well as most recent surgery on 02/09/2015.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)